

DENTIST'S REPORT-OHIO SCHOOL HEALTH

Student name: _____ School: _____

The following services have been performed:

- Examination
- Diagnosis
- Radiographs
- Oral prophylaxis
- Prescription for fluoride supplements
- Topical application of fluoride

The following oral hygiene instruction was provided :

- Tooth-brushing
- Flossing
- Diet counseling reflecting relation of diet to dental health
- Home / school use of fluoride mouth rinse

The following statements are applicable:

- All necessary services have been performed
- No restorative services are required at this time
- Further treatment is indicated
- Further appointments have been arranged

Comments:

PLEASE PRINT OR STAMP

Dentists name _____

Address _____

Phone/Fax _____

Dentists signature _____ Date signed _____

Please return completed form to :

**Teays Valley Schools
c/o School Nurse
385 Circleville Ave.
Ashville, Ohio 43103
or fax to (740) 983-4158**